On the WarPATH against WPATH

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In 2024, two significant events occurred in gender medicine.

The first was the release of the WPATH (World Professional Association of Transgender Health) files (WPATH, 2024) and a review of documents leaked from the internal WPATH chatboard (Sex Matters, 2024) that shine a light on how so-called "gender-affirming care" (GAC) or "transgender medicine" is leading to widespread medical malpractice on children and vulnerable young people.

The second was the release of the Cass Review-Final Report whose conclusions highlighted serious questions regarding the practice and purported outcomes of gender medicine. The trans machine has done its best to discredit this review, including most recently the British Medical Association who oppose the implementation of the Cass review, which urges cessation of medical interventions for gender dysphoric children (Haywood, 2024).

WPATH – built on of fantasy, fraud, and favouritism

The leaked WPATH files demonstrate a disturbing ignorance of child development, indifference to young people's comorbid conditions such as ASD, ADHD, even psychosis, family dysfunction, and social determinants and blindness to the cognitive immaturity of young people and their lack of readiness to make life-changing decisions.

Evidence emerging about WPATH in the Supreme Court of the United States[1] (Nos. 23-466, 23-477, 23-492)—brief of Alabama as *amicus curiae* supporting respondents—is extremely damning of this organization, revealing it as base, dishonest, deceptive, and delusional. And worst of all, sociopathic.

The respondents were also critical of the Court, claiming that it has erroneously

> *[d]eferred to petitioners' favored organizations [and] determined that the guidelines provide "evidence-based standards of care" and that the sex-modification procedures they recommend are "medically appropriate and necessary" for minors.*

On the contrary, the evidence shows that

(i) The WPATH standards are not evidence based

[1] Amicus brief vs WPATH 2024.pdf

(ii) WPATH suppresses scientific inquiry

(iii) Many clinicians do not follow the WPATH standards, particularly regarding lower age limits for medical interventions and surgery

(iv) Other preferred medical interest groups supportive of WPATH are not reliable (e.g., Endocrine Society, the American Academy of Pediatrics, and the American Medical Association).

Dr. Gordan Guyatt—pioneer of evidence-based medicine and co-author of the widely accepted GRADE system—requires guidelines to be based on systematic reviews of evidence, not a "a bunch of experts writ[ing] whatever they felt like." This was the case for the SOC 8 (Standards of Care 8) WPATH guidelines (2022) whose authors admitted comprised "consensus based expert opinion." The SOC 8 authors reverted to their own opinion after trashing the systematic review commissioned by them from John Hopkins University (JHU) because they didn't like the findings of no benefit for gender affirming care (GAC).

WPATH deliberately excluded systematic reviews that did not support their position. Their lawyers—mostly external civil rights lawyers from ACLU (American Civil Liberties Union) and Lambda Legal, who are challenging state laws that attempt to restrict availability of puberty blockers, cross-sex hormones and/or surgery for minors—advised them not to commission a review if the conclusion was expected to be "little or no evidence" of benefit.

Supreme Court proceedings revealed that WPATH suppressed unfavourable research findings more widely than the JHU review, manipulated the publication process, and were influenced by Admiral Rachel Levine, a doctor, trans woman, and Assistant Secretary for Health for the U.S. Department of Health and Human Services (HHS), to alter the Standards of Care 8 (SOC8), specifically to abolish the lower age limits on children's rights to be physically and psychologically mutilated by so-called "gender affirming care" (GAC).

When systematic reviews that WPATH expected to provide "sufficient evidence" emerged with results that did not support medicalization, WPATH pressured the authors, for example, the team from JHU, not to publish the completed review. Disturbingly, they succeeded. The only review (Baker et al., 2021) that was published after the decision to suppress the evidence is likely to have been manipulated by WPATH. The conflict-of-interest disclaimer stated that the review was independent of WPATH—aside from the financial sponsorship! —but internal documents revealed that JHU was forced into a contractual amendment that required that WPATH approve the conclusion before the manuscript was drafted, and that WPATH could further change the review's content if it was not to their liking. Ironically, the conclusion of Baker's review contradicts information contained in the body of the report. Other major problems with the review include that it only evaluated the psychological benefits of GAC while failing to evaluate physical harms of hormones despite the protocol promising to do both.

These are shocking revelations. Heads should roll, doctors and their lawyers who aided and abetted in their unconscionable behaviour should have their licences to practice withdrawn for life, and many should face gaol terms for misleading the public through deception and fraud, and callously and knowingly harming vulnerable young people. The behaviour of treating doctors who withheld information and concealed and misrepresented the benefits of GAC and under-stated the adverse effects of such treatment is tantamount to medical malpractice, negligent infliction of physical harm and emotional distress, and unfair and deceptive trade practices.

First do no harm!

WPATH has been exposed for committing egregiously cynical and uncaring acts that continue to irreparably harm young people in favour of maintaining their profits and power. A journalist's analysis of leaked WPATH files makes compelling reading, with WPATH participants in online fora making staggeringly ignorant and callous comments about their young, confused gender patients, revealing their own confusion, lack of ethical practice, and lack of a sound scientific basis for decision making (Hughes, 2024). They are cavalier and indifferent to the young people who later become distressed and regret their actions.

Many WPATH members in the forum were in denial about the damage they have wrought, dismissing or trivializing the lifetime of regret and medical complications confronting many young people who have travelled down the perilous path of gender transition. In response to a post by a WPATH affiliated Washington DC psychologist about a "distraught and angry" detransitioned 17-year-old girl who had been on testosterone for more than two years and felt she was "brainwashed," several WPATH members appear in the replies. There is talk of detransition being just another step in a patient's "gender journey." By this self-serving logic, it is impossible for clinicians practising the affirmative model to ever be wrong in their diagnosis or treatment decisions. The notion of the "gender journey" to describe regret and detransition is used to insulate gender-affirming clinicians from criticism and accountability. Within the realm of GAC, if the healthcare provider affirms the regret and detransition phase as part of the "journey," any potential errors or misjudgements are reframed and considered acceptable, thereby absolving perpetrators of all responsibility for the future wellbeing of the patients they have egregiously harmed.

Disgracefully, WPATH practitioners project blame for regret onto their young patients. WPATH president, Marci Bowers, herself a transgender woman, stated that

> *patients need to own and take active responsibility for medical decisions, especially those that have potentially permanent effects.*

Wise words but hardly applicable to a seven-year-old Jazz Jennings who started her "gender journey" by getting aboard the no stops trans train as a young child and who now faces the consequences of years of cross sex hormones, multiple genital surgeries to deal with complications, and the social fallout of being transgender.

WPATH lies when they tell children and families that they can change sex, that sex change will align mind and body, and that it will "cure" ongoing mental health issues. They lied by omission by failing to disclose the multiple serious adverse consequences (e.g., sterility, sexual dysfunction, increased risks of cardiovascular disease and cancer, endless pain and infections from genital surgery etc) of attempting the impossible, of what it would be like to enter lifelong patienthood, and the permanence of bodily changes wrought by cross sex hormones. And above all, their failure to first treat significant mental health issues that were at least partially causal of gender dysphoria and to alert young people and their families that there were alternatives to the ironically named GAC that should be tried before any irreversible changes to their bodies were undertaken.

Weaponizing trans policy

WPATH's guidelines were crafted as a weapon in US political and legal battles, not as evidence-based guidelines for the treatment of gender dysphoric young people. They stated, in arguing against commissioning reviews:

> *Our concerns, echoed by the social justice lawyers we spoke with, is that evidence-based reviews reveal little or no evidence and puts us in an untenable position in terms of affecting policy or winning lawsuits.*

Rachel Levine gave WPATH instructions on the timing of the guidelines' release and ordered WPATH to make major changes to content. WPATH complied. Levine justified her interference citing the need to enlist WPATH's guidelines to shape US health policy in a trans-affirmative way and to win political and legal battles. In addition to orchestrating the timing of the publication, she directly pressured WPATH to remove age minima for hormones and surgery after a version of WPATH was published that contained minimum ages.

WPATH subsequently used its official journal to cover up the post-factum change of recommendations. The internal documents showed that some members of the guideline development group objected to such major political interference from Admiral Levine, well after the Delphi consensus process for minimum ages had been reached. After it was clear WPATH was going to follow Levine's orders, they discussed how to "explain this to the public" and decided to position the removal of age minima as a means of achieving "more individualized care", while concealing the fact that Levine had interfered with the review process in unethical and therefore unacceptable ways. Within hours, WPATH's official journal first published then retracted the version containing minimum ages, replacing it with a version with no age minima. In a rare display of fleeting ethical conduct, the journal issued a correction notice of the content change. They then undid their transitory appropriate conduct by removing the correction notice, attempting to erase any trace of the political pressure applied to a major recommendation that should have been based on ethically and empirically derived evidence. But this was not possible because WPATH eliminated or suppressed any sources of dissent from their position of GAC as "lifesaving".

Cracks emerging in the groupthink

I have been arguing for some time that organizations like WPATH are afflicted by social contagion and groupthink. Finally, some insiders agree with me. Erica Anderson, then a clinical psychologist at the University of California San Francisco's Child and Adolescent Gender Clinic and a former president of USPATH and Dr. Laura Edwards-Leeper, the founding psychologist at the first hospital-based paediatric gender clinic in the United States stated:

> *[W]e find evidence every single day, from our peers across the country and concerned parents who reach out, that the field has moved from a more nuanced, individualized and developmentally appropriate assessment process to one where every problem looks like a medical one that can be solved quickly with medication or, ultimately, surgery.*

Similarly, Dr. Marci Bowers, who has the dubious credentials of having performed more than 2,000 gender transition surgeries and currently serves as WPATH's president, confessed that

> *…maybe we zigged a little too far to the left in some cases due to the naivete of the of pediatric endocrinologists who were proponents of early [puberty] blockade thinking that just this magic can happen.*

Alas, no magical lifesaving work is being offered by the proponents of GAC, only irreparable harm and eventually grief-stricken regret. It is time to call out GAC and its propagators.

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